functions of the body in question, from the few observations we possess of its diseases, and their most frequent symptoms, such conclusions would seem to be:—

"*First.* That the pituitary body, however largely developed in some animals, is not a primary division of the brain, or a true encephalic ganglion, since its complete destruction is never accompanied by loss of intellection, motion, or sensation, beyond what may be satisfactorily accounted for by the necessary pressure which the morbid growth exerts upon more essential parts of the encephalon.

"*Secondly.* That from several of the morbid processess enumerated in this memoir, we have strong proof of the identity of the nature of this *hypophysis* with certain so-called vascular glands, such as the thyroid, thymus, spleen, and supra-renal capsules.

"*Thirdly.* That, while the diagnosis of its morbid conditions is rendered somewhat obscure from the absence of any ascertained function of the part, yet their almost constant connection with the simultaneous production of amaurosis in both eyes, with absence of symptoms of cross paralysis, will indicate the seat of the disease, when compared to morbid states of either hemisphere. And—

"*Fourthly.* That the long continuance of the disease in this situation, may propagate inflammatory action to neighbouring parts, followed by apathy, somnolency, syncope, cophosis, and other symptoms obscuring the diagnosis."

D. F. C.

ART. XXV.—*Medico-Chirurgical Transactions.* Published by the Royal Medical and Chirurgical Society of London. Vol. XLII. London, 1859. 8vo. pp. 461.

THIS volume of *Transactions* contains twenty-five original communications. Ten of these communications, or abstracts of them, were published in the numbers of this journal for last year, in the quarterly summaries of improvements and discoveries in the medical sciences.

As has been our custom for several years, we shall give a full analysis of these communications, at least of those not already reported in this journal, in the order in which they are published.

I. *A Case of Excision of the Head of the Humerus (Decapitatio Humeri), with its Results.* By JOHN BIRKETT.

The subject of this case was a man, aged fifty-seven, who was admitted into Guy's Hospital, July 10th, 1855, on account of the condition of his right arm. Two years and a half before, being thrust violently against a stone wall, the right clavicle was broken, and the shoulder much contused. The shoulder-joint became inflamed; the inflammation terminated in suppuration, and three abscesses formed, and were opened. The whole of this period was passed in great suffering, and the man's health had declined in consequence.

When admitted to the hospital the right arm and forearm of the patient were œdematous; the least movement of the member gave him intense pain, and pus escaped from three sinuses behind, and on the outer region of the shoulder. This part was swollen, but there was not any deformity. Distinct crepitus was felt on moving the arm, and the head of the humerus seemed to glide away, and to be removed from its normal relations with the glenoid cavity.

The operation was performed by making a triangular flap of the integuments and deltoid muscle, the base above; the head of the humerus thus exposed to view was removed with a fine bow-saw. The articular cartilage of the glenoid cavity of the scapula was destroyed, but the bone was quite healthy. The focus of the disease appeared to be in the cancellous tissue situated between the great tuberosity of the shaft and the articular head; here was an excavation in which a small piece of necrosed bone was lodged. The wound had sufficiently healed in the course of twenty-five days for the man to leave the hospital, his general health became very good, and at the expiration of about a year and a half the sinuses closed.

At the time when Mr. Birkett reported this case, the man had been working for twenty months as a farm labourer. He could do any work not requiring a greater elevation of the arm than at a right angle with the body. The upper end of the humerus could be felt under the integuments, in front, near to the coracoid process of the scapula.

Although resection of the head of the humerus is not a very rare operation, yet we very seldom see recorded the result at a distant period of time. On this account, the communication of Mr. Birkett is one of very considerable interest. It would appear that in no case has the patient ever regained the power of raising the arm above a right angle with the trunk, or above the level of the acromion scapula.

If, instead of removing the whole head of the humerus, Mr. Birkett had satisfied himself with removing the small piece of the necrosed bone and the diseased cancellous tissue around it, a more favourable result, so far as the extent of motion in the arm is concerned, might have been obtained. By this proceeding, of scooping out the diseased parts, and also by preserving as much as possible of the periosteum, most satisfactory results have recently been obtained.

In his communication, Mr. Birkett reports another case, where a similar operation was performed, in 1848, by the late Mr. Aston Key. This patient, it is stated, has been actively employed as an engineer for the last six years.

II. *On Disarticulation of the Scapula from the Shoulder-joint, with Removal of the Acromial End of the Clavicle.* By George Matthew Jones.

A full abstract of this communication was published in the number of the Journal for April last. This, so far as we are aware of the facts, is but the third time that the entire scapula has been removed, leaving the arm still attached to the body. The notice of the fortieth volume of the *Transactions*, contained in the Journal for July, 1858, gives the history of a case in which the operation was performed by Mr. Syme; and Mr. Jones states that it has also been performed by a practitioner in Ayrshire, England.

Two cases have been reported in this country, where nearly the whole of the bone was removed. In one instance, that of Dr. Gross, reported in this journal for April, 1853, the glenoid cavity, and a portion of the acromion, were left; in the other, that of Dr. Blackman, referred to in this journal for October, 1858, the glenoid cavity, and a portion of the coracoid process, were left remaining. Mr. Jones believes that the danger from hemorrhage is much less when the whole of the bone is removed.

III. *Cases of Encephaloid Cancer affecting a Testicle which had been retained within the Cavity of the Abdomen.* By George Johnson, M. D.

An abstract of this very interesting case was published in this journal for April, 1859.

IV. *Cases of Refracture of Bone; with Observations.* By F. C. Skey.

An abstract of this paper was published in this journal for April, 1859. As is seen therein, Mr. Skey maintains that, in cases where fractured bones have become so united that movement is impeded, or local pain results, they may be violently and suddenly broken again, without *difficulty* and without *danger;* and this at any indefinite period of time. Several cases, which occurred in his own practice, are cited by Mr. Skey in proof of this opinion.

Strange as it may seem, Mr. Skey evidently regards this proceeding as novel. He speaks of Dupuytren as having endeavoured to remedy deformity after fractures by means of gradual extension and habitual pressure, and considers it original with himself to resort to more powerful agency, in order to obtain the separation of the bones. But the records of our art show that refracture of bones is advised by the most ancient authors whose writings have come down to us. Celsus even indicates exactly the same kind of cases for the performance of this operation as Mr. Skey. He says: *Solent tamen interdum transversa inter se ossa confervere; coque et brevius membrum, et indecorum fit; et si capita acutiosa sunt, assiduæ punctiores sentiuntur. Ob quam causam frangi versus* *ossa et derigi debent.* (Lib. viii. sect. x. § 7.) Paulus Ægineta speaks of refracturing the bones when healed distortedly, but says that "the breaking them over again is not at all to be admitted, as it may occasion the utmost danger." (Sydenham translation, vol. ii. p. 477.) In the commentary added to the section wherein this subject is treated, the learned translator, Mr. Francis Adams, states that Avicenna speaks favourably of breaking the bones over again; and that Albucasis mentions the proposal with disapprobation. In fact, as we learn from Malgaigne's Treatise on Fractures—a work indispensable to all who write upon the subject of fractures, or desire to treat them properly, and which, thanks to the excellent translation of Dr. Packard, American practitioners not familiar with the language of the original, can now consult—the breaking of bones over again was practised habitually by surgeons down to quite modern times. Several of the surgeons he mentions made use of the knee for this purpose, just as Mr. Skey now does. As regards the length of time from the period of the original fracture, in Mr. Skey's cases, four months was the greatest at which he succeeded in breaking the bones, which in this instance were those of the forearm; in one, a case of fractured thigh, when nine months had elapsed, the attempt to refracture the bone was unsuccessful. Malgaigne cites cases, and successful cases, where fractures of the femur were broken again by Bosch, five, six, and seven months after the original injury. It was, according to Nélaton (*Path. Chirurg.*, vol. i. p. 680), owing to the influence of J. L. Petit, who raised his voice against the operation, that it was almost entirely abandoned until the time of Dupuytren, whose attempts to remedy deformity after fractures are referred to by Mr. Skey. Dupuytren, founding his opinions upon his own observations, which went to prove that a much longer time than was generally believed, is necessary for the definite consolidation of a fracture, taught that a vicious position in a broken limb might be rectified by force gradually exerted upon what he calls the provisional callus, the material composing which is fibrous tissue and cartilage. He declares that it is impossible to fix upon any exact time as that within which the callus may be made to yield; it will vary with many circumstances, among which are mentioned age, state of health, the particular bone, and the kind of displacement. As to refracture of the bones, by a force suddenly and violently applied, Dupuytren says that pathological anatomy has demonstrated the absurdity of the proceeding. (*Leçons Orales*, tom. iv. p. 144. Paris, 1834.)

Though this communication cannot be considered as pointing out a novel mode of practice, as the distinguished author would seem to claim, yet the profession must be gratified to know his opinions and his practice in a class of cases, in the treatment of which surgeons have always disagreed.

V. *Cases of Dislocation of the Os Calcis and Scaphoid from the Astragalus; with Remarks on the Importance of Dividing the Gastrocnemius and other Tendons, to facilitate reduction in various dislocations in the latter bone.* By GEORGE POLLOCK.

The cases reported by Mr. Pollock are two in number; in one of them the astragalus was dislocated forwards and inwards from the os calcis and scaphoid, in the other the astragalus was dislocated outwards. We say the *astragalus* was dislocated from the other tarsal bones with which it is articulated, and not, as Mr. Pollock has stated it, that the os calcis and scaphoid were dislocated from the astragalus, because, as Malgaigne very truly says, this mode of expression cannot be suffered in practice, it is the astragalus that projects out, it is the astragalus that tears the integuments and pierces through them. In fact, Mr. Pollock's paper shows the impropriety of calling these injuries dislocations of the os calcis and scaphoid, for throughout his whole paper it is always the *astragalus* that is dislocated.

In the first case reported by Mr. Pollock, which occurred in St. George's Hospital, under the care of Mr. Keate, in spite of great efforts it was impossible to reduce the luxation; the integuments sloughed, the tarsal joints were opened, amputation was had recourse to, but the patient died.

In the second case, where the bone was dislocated outwards, which case occurred under his own care, after using as much power as could safely be applied without producing the slightest alteration in the relative position of the displaced bones, the gastrocnemius tendon was divided, and the reduction of the bone was effected without any difficulty. The patient died four days afterwards in consequence of other complications; the condition of the foot remaining perfectly satisfactory until his death.

After reporting these cases, Mr. Pollock enters into a consideration of the variety of dislocations affecting the astragalus, in order to illustrate the advantages of the treatment adopted in the case last mentioned. The conclusions to which he arrives are these:—

1. In all *simple* dislocations of the astragalus *outwards*, from the os calcis and scaphoid, in which moderate extension fails to effect reduction, the gastrocnemius tendon should be divided, and extension subsequently made.

2. In all *simple* dislocations of the astragalus *inwards*, if moderate extension fails, the gastrocnemius tendon should be divided; if this be not sufficient to permit reduction under gentle extension, the division of the tibialis posticus tendon should be had recourse to.

3. In *compound* dislocations, not reducible under gentle extension, division of the tendons, which interfere with the reduction, should at once be performed.

The reason for dividing the tendon of the tibialis posticus in dislocation inwards is, that this tendon sometimes embraces the neck of the astragalus, and the head is thus fixed firmly between it and the calcaneo-scaphoid ligament. In such a condition of things extension would of course only aggravate the obstruction.

To avoid misunderstanding, it must be added that Mr. Pollock does not claim credit to himself as the first to suggest division of the tendons to facilitate reduction of dislocations of the astragalus, nor does he claim to have been the first to have divided these tendons in order to obtain such a result; he merely desires to call particular attention to the operation as one that will usually and materially assist reduction.

This communication of Mr. Pollock is one of very great interest; the division of the tendons, of which he is so able and enthusiastic an advocate, certainly facilitates greatly the reduction of a displaced astragalus, and in all cases where such a lesion exists, surgeons should be aware of the aid they can obtain from it. It is to be regretted, however, that Mr. Pollock has not gone more deeply into the subject, and while endeavouring to aid in the reduction of a most difficult dislocation, has not thrown some light upon the propriety of restoring the bone to its place, in certain of its displacements. When the astragalus is torn from its connections with the os calcis and the scaphoid, its nutrition would be most seriously impaired, and if the integuments be torn, it would, if restored to its place, be exposed to almost certain necrosis. There is not, perhaps, as Malgaigne declares in his volume on luxations, which it is to be much desired may soon receive an English translation, as the one on fractures already referred to, a more obscure question in surgery than that of luxations of the astragalus. Most works on surgery are exceedingly defective on the whole subject. In the late work of Dr. Gross, for example, there is no mention whatever made of the class of injuries forming the subject of Mr. Pollock's communication. Luxations of the astragalus are therein treated of as always *double*, that is, as if the astragalus, when torn loose from the os calcis and scaphoid, always lost its relations with the tibia and fibula. By far the most complete consideration of the whole subject is to be found in the work of Mulgaigne just mentioned, and, what is worthy of remark, the article is not once referred to by Mr. Pollock.

At the conclusion of this communication is a table giving the results of treatment in fifty-five cases of simple and compound dislocation of the astragalus. It shows forcibly the dangers and difficulties attendant upon this injury. Of the 55 cases, 13 died; giving an average of 1 death in 4¼ cases of dislocation. The total number of reductions was 18 out of 55 cases; three of these died, leaving 15 cases of recovery after reduction, treated by the usual methods of extension. These give an average of about one reduction in every four cases of dislocation of the astragalus.

VI. *A Description of the Organs of Generation of a Hermaphrodite Sheep.* By. W. S. SAVORY.

This sheep during life was regarded as an ewe, the external organs of generation presenting the characters of those of an ordinary female.

On examining the internal organs, in the place of the ovaries were two testes, each surmounted in its whole length by an epididymis, and by the termination of the corresponding uterine horn. These testes were smaller than those of an ordinary male; their minute structure was that of a natural testis; the only important difference which a careful examination could detect, was the absence of any traces of spermatozoa. This absence of spermatozoa, however, it should be remembered, has been recently shown by M. Godard to be always remarked when the testicle remains shut up in the cavity of the abdomen. On either side of the vagina was a well-formed seminal vesicle, which opened into the anterior wall, in common with a well-developed tube coming from the epididymis. The slender terminal portion of the uterine horn, instead of being only connected with the ovary by a peritoneal fold, as in the female sheep, had the same relation to the epididymis as the commencement of the vas deferens holds to the testis in the male. The uterus was smaller than that of the female, and the vagina only about half as long. The case, as Mr. Savory says, illustrates the original unity of type, and affords additional evidence of the true homology of the individual organs in the male and female.

This communication is accompanied by a plate, representing the parts above described.

VII. *On the Causes of Death after Amputation.* By THOMAS BRYANT.

A very full abstract of this communication was published in the number of this journal for July, 1859. The communication is one of great value, on account not only of the importance of the subject, but also of the very little that is definitely known upon it. The scanty character of the literature of the causes of death after amputation is referred to by Mr. Bryant himself, and given as one of the reasons for the publication of his paper. He declares, indeed, that with the exception of a valuable paper by Mr. James, published in the eighteenth volume of the *Transactions* of the Provincial Medical Association, he is unable to point to any single memoir in which they have been made a separate subject of investigation.

VIII. *On some of the Cyclical Changes in the Human System, connected with Season.* By EDWARD SMITH, M.D.

Several of the quarterly summaries of this journal, in the course of the last three or four years, have contained abstracts of papers by Dr. Smith, giving the results of his inquiries into the quantity of carbonic acid evolved from the lungs, the quantity of air inspired, and other phenomena of respiration, in the different hours of the day, together with the influence upon this great function of the body of the season, and of many kinds of food and medicines. In the present communication are given the results of the same inquiry extended throughout a whole year, and they show that great and important as are the changes of the day in reference to the maintenance of the health and the fulfilment of the duties of the body, those of season are even more so. The method adopted by Dr. Smith in these investigations, and the apparatus employed, were described in the number of this journal for January, 1857. It might here be noticed that the spirometer he uses is a dry gas-metre.

The results obtained by Dr. Smith are delineated upon a diagram that accompanies his communication. This diagram shows, in a large circle, nineteen inches in diameter, the number of grains of carbonic acid evolved, and the degree of temperature of the external air on many days in each month of the year. The general expression of the results obtained is that all the respiratory phenomena were lessened as the season advanced from spring to summer and autumn. The highest state of the functions was in spring; the period of decline was the beginning of summer; the lowest state was towards the end of summer and in the beginning of autumn; and the period of increase was the beginning of winter.

The relations established by Dr. Smith between these changes and physical phenomena, and particularly between these changes and the production and cure of disease, are highly interesting. It has long been a familiar fact that the human system is subjected to diseases varying in kind, intensity, and prevalency with periods of the year. The cause of this has hitherto been sought for out of the system—namely, in the meteorological conditions of the season; but, according to Dr. Smith, it will be more proper to connect them with general states of the system due, doubtless, in a great degree, to those meteorological variations. Diseases of an asthenic or a sthenic type prevail in accordance with the state of the system; when the vital changes are at their maximum, we have the former, and when at their minimum, the latter. Cholera, the plague, diarrhœa, and yellow fever are particularly restricted to the minimum period.

In a postscript, which is also illustrated by a diagram, the influence of the season of the year at which children are procreated or born upon their viability is examined into. The deductions here are made from all the deaths of children that took place in the northern district of England in the year 1857, a non-epidemic year; the total number being 3,050, nearly all of whom were under one year of age. The largest percentage of these children was born in that season of the year when the human system is in a minimum state of vitality, which is not, it should be added, the period at which the greatest number of births occur.

IX. *A Contribution to the Statistics of Cancer, collected from the Cancer Records of the Middlesex Hospital.* By SEPTIMUS W. SIBLEY.

An abstract of this communication was published in the July number of this journal for the past year.

X. *On the Forms and Stages of Bright's Disease of the Kidneys, with especial reference to Diagnosis and Prognosis.* Fourth Communication. By GEORGE JOHNSON, M.D.

As is well known, Dr. Johnson is one of those who hold the theory of the *oneness* of Bright's disease to be untenable. It certainly does appear to be inconsistent with the clinical history and morbid anatomy of the kidney in its various conditions. The points of distinction between the large white kidney and the contracted kidney are too numerous and too capital to allow the latter to be regarded as always but an advanced stage of the former.

The chief object of the present communication is to point out certain cases in which the kidneys, after having become enlarged, do subsequently undergo a process of contraction, in a greater or less degree. These cases, however, may well be regarded, as Dr. Johnson declares, as so exceptional in many of their most important features, that they afford a remarkable confirmation of the doctrine that in ordinary cases the contracted Bright's kidney is not an advanced stage of a previously enlarged kidney, but rather that it is the result of a distinct series of morbid changes. For convenience of description, these peculiar cases are divided by Dr. Johnson into three classes: in one, although the size and weight of the organ are found after death to be increased, yet there are unquestionable signs of commencing atrophy and contraction in the cortical portion; in the second class this contraction has proceeded further, so that the organ is smaller and lighter than is natural; and in the third class the kidney, after having become enlarged and undergone *fatty degeneration*, has subsequently contracted, the fat granulations being still visible in the atrophied gland. Cases of these several classes are referred to by Dr. Johnson, and an interesting one of the third class is related in some detail. The differential symptoms present during life, and the results of the *post-mortem* examinations of the kidney, in these three classes of renal disease, are carefully recorded.

The communication is beautifully illustrated by three colored plates, containing each two figures, representing the characteristic appearances of three different forms of contracted Bright's kidney, and by three wood-cuts, representing the sediment in the urine at three successive periods of a case of fatty kidney.

XI. *An Account of three Cases of Aneurism of or within the Orbit, treated by Ligature of the Common Carotid Artery; with Observations. To which is added a Report of a fourth Case, treated since the Paper was read.* By THOMAS NUNNELEY.

To show the comparatively rare occurrence of aneurism, aneurism by anastomosis, or erectile tumour of the orbit, Mr. Nunneley, in this communication, before reporting his own cases, cites all that he has been able to find recorded in science. These are: five cases reported in the *Transactions*, by Travers, Dalrymple, Busk, Scott, and Curling; three cases in Walton's *Operative Ophthalmic Surgery*—one of his own, one of Velpeau, and one of Jobert; three cases in Dr. Wood's essay, *The Early History of the Operation of Ligature of the Primitive Carotid Artery;* and one case mentioned by Guthrie (*Operative Surgery of the Eye*), where aneurism of both ophthalmic arteries was found in a *post-mortem* examination of the body of a man. These, Mr. Nunneley says, are the only undoubted cases that have been recorded, so far as he has been able to ascertain; three other cases that have been published—one by Dupuytren, one by Schmidt, and a third by Freer—he believes to be of a doubtful nature.

Although it is true that the affection is not often met with, yet, without any very extended research, it is easy to increase the list of cases cited in this communication. There is one belonging to Mr. Roux, in which the carotid was ligated, with incomplete success, referred to by Nélaton (*Élémens de Pathologie Chirurgicale*, tom. i. p. 541). Broca (*Des Anéurysmes, et de leur Traitement*) cites a case cured by the injections of perchloride of iron, by Bourget (*loc. cit.*, p. 381); another, where Pétrequin, after tying the carotid without obtaining more than a momentary cessation of the pulsations, had recourse to galvano-puncture, which also was unsuccessful (*loc. cit.*, p. 306); and several others, not referred to by Mr. Nunneley, are mentioned by him in a note at page 44. Saltet, Langenback, and Rosas are said by Desmarres (*Traité Théorique et Pratique des Maladies des Yeux*, tom. i. p. 231) to have recorded examples of the affection, and these authors are not quoted. In a recent number of this journal (for July, 1859, p. 244) three cases are mentioned, which are exceedingly interesting, from the fact that they were cured by compression of the carotid artery.

The accounts given by Mr. Nunneley of the four cases treated by himself are full and satisfactory. In the first the affection was attributed to a blow received upon the eye; in the second there had never been any injury, and there was no way of accounting for the disease; in the third the patient, when stooping to take off her shoes, felt suddenly "as the crack of a gun" something give way in her eye; and in the last case, after a great and peculiar pain on the right side of the head, "sudden as a flash of light," the pain went into the eye, which felt stiff, hot, and could not be moved. All these cases were treated by ligature of the carotid, and with success, with the exception of the third, where the patient died on the sixteenth day after the operation, after symptoms that render it very probable that the nutrition of the brain had been seriously interfered with.

At the close of his communication, Mr. Nunneley discusses at considerable length the impropriety of designating all these peculiar vascular intra-orbital tumours, as "aneurisms by anastomosis," as is generally done by English writers. He seems to us, however, to have erred in the other extreme, in declaring that they are always either true, or circumscribed false aneurism.

XII. *Case of Aneurism of the Thoracic Aorta, which opened into the Trachea and Left Bronchus; and in which the Hæmoptysis occurred four years and eight months before death; with remarks on the circumstances attending the rupture of aneurisms, especially on mucous surfaces.* By W. T. Gairdner, M. D.

This case is well worthy of attention, not only on account of the very long period which existed between the occurrence of rupture of the sac and the ultimate fatal event, but also because of the occurrence of hemorrhage, in a modified form, at intervals during the whole of that very long period. Several other somewhat similar cases are referred to by Dr. Gairdner, particularly the well-known one of Mr. Liston, where rupture of the aneurismal sac actually took place at least five months before his death. Dr. Gairdner accounts for these cases by the healing up of the small opening, which takes place after the sudden removal of pressure, such as occurs after copious hemorrhage.

XIII. *A Case of Popliteal Aneurism, successfully treated by Flexion of the Knee-Joint.* By Ernest Hart.

XIV. *A Case of Popliteal Aneurism successfully treated by continued Flexion of the Knee-Joint.* By Alexander Shaw.

Abstracts of both of these communications, together with some remarks made by Mr. Fergusson, at the time of their reading before the Society, were published in this Journal for July, 1859.

XV. *On some of the Effects of Primary Cancerous Tumours within the Chest.* By GEORGE BUDD, M. D.

In this communication, Dr. Budd reports at length three cases of primary cancerous tumour in the chest, involving the root of the right lung. In all of them, that lung had formed adhesion to the pleura costalis, and the pulmonary tissue was condensed from inflammation, which, in three of the cases, had proceeded to more or less disorganization of the pulmonary tissue, and to the formation of pockets of pus. These changes are attributed to the cancer involving and destroying all, or a great part of the nerves with which the pleura and lung are furnished. In support of his opinion, Dr. Budd refers to the suppurative and destructive inflammation of the gall-bladder, met with in cases in which a cancerous tumour exists in the portal notch of the liver, and destroys the nervous threads sent from the solar plexus to that viscus.

Secondary cancerous tumours scattered through the lungs are common, and though often of considerable size, yet the pulmonary tissue immediately surrounding them is generally perfectly healthy. The only way of accounting for the peculiar effects of primary cancer of the lung, is that given by Dr. Budd, namely, the peculiar position it occupies. According to Dr. Wilks, in a very valuable work recently published, what is called primary cancer of the lung has really its origin in the bronchial glands, and generally a large mass may be found encircling the root of the lung and involving the organ at this part.[1] A tumour situated here would interfere with the nerves on which the function of the lung and its healthy nutrition depend.

XVI. *Two Cases of Empyema, illustrating the advantage of making two openings, and adopting the plan of "drainage," in the operation of paracentesis, in that disease.* By S. J. GOODFELLOW, M. D. Followed by some remarks *on the operation and on the plan of treatment by "drainage" generally.* By CAMPBELL DE MORGAN.

A few years since, Chassaignac suggested and practised a plan of "drainage" for the healing of deep-seated collections of matter which is very simple and very efficacious. An India-rubber tube, about one sixth of an inch in diameter, and perforated at frequent intervals by notching with scissors, is passed through the abscess or sinus, and the matter continuously and uninterruptedly exudes through the perforations. In this communication, Dr. Goodfellow relates two cases of empyema, in which this plan was adopted with signal benefit for the purpose of draining the pleural sac. In the appendix which Mr. De Morgan has added, the advantages of the use of the drainage tube are strongly set forth, and the manner of introducing it in cases of empyema is described. The operation he practises in such cases is very simple. A puncture with a trocar is made between the fifth and sixth or sixth and seventh ribs. A firm, long, iron probe, somewhat bent, is then passed through the opening to the lower and back part of the pleural cavity; an incision is made upon the end of the probe, which is then brought through the opening thus made. A strong piece of silk thread is passed into the eye of the probe and drawn through the two openings, and the drainage tube, being firmly tied to one end, is then drawn through by means of the silk. The ends of the tube are tied together, and the operation is completed.

XVII. *An Inquiry into the Nature of those Cases of Strangulated Oblique Inguinal Hernia, termed "réduction en bloc, ou en masse;" with special relation to the anatomy of the actual lesion, and practical deductions derived from an examination of the cases.* By JOHN BIRKETT.

The purpose of this communication of Mr. Birkett is to show that when what is called "*réduction en bloc ou en masse*" is effected, in cases of strangulated inguinal, and inguino-scrotal hernia, the sac remains in the scrotum, and is not detached from its connections with that receptacle. A description of the dissection of cases, in which this accident is said to have occurred is given, in order to demonstrate the actual morbid anatomy of the lesion. In some of the cases, the orifice of the hernial sac was found to have been pushed away from the internal abdominal ring, by the pressure upon the scrotal tumour, that part of the hernial sac between its orifice and the internal abdominal ring was dilated into a pouch, and into this pouch the hernia had been pushed out of the scrotum and inguinal canal, and remaining fixed there behind the internal abdominal fascia. In other cases where the pressure upon the hernial tumour was greater and more continued, the neck of the sac had been torn, and the hernia had escaped through the laceration, and was found altogether outside the peritoneum.

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[1] Lectures on Pathological Anatomy, delivered at Guy's Hospital during the summer sessions of 1857, 1858. By Samuel Wilks, M. D. London, 1859, page 247.

That variety of inguino-scrotal hernia, in which the hernia has descended into the vaginal process of the peritoneum, is shown by Mr. Birkett to be the one in which this accident most frequently happens. The reason of this is the great length of that portion of the sac lying in the inguinal canal, or between the internal and external abdominal rings. This anatomical conformation renders the hernia more difficult to reduce, and also favours its dilatation into a pouch within the internal abdominal ring.

As to the treatment to be adopted in these cases, a review of the tables given by Mr. Birkett shows very plainly that if the strangulated bowel be not relieved from its constriction by an operation, and the impediment to its reduction into the peritoneal cavity removed, the death of the patient is certain. These tables contain an account of eight cases, where no operation was performed, all of which died; and twenty-nine cases operated upon, of which thirteen recovered.

This communication is accompanied by four diagrams, to aid in the explanation of this accident, the so-called "réduction en bloc."

XVIII. *On the Administration of Belladonna, and on certain Causes which modify its Action.* By HENRY WM. FULLER, M.D.

XIX. *On the Reparative Process in Human Tendons after Subcutaneous Division for the Cure of Deformities, illustrated by a Series of Specimens and Drawings from Fifteen Post-mortem Examinations.* By WM. ADAMS.

XX. *Observations on the Medical Administration of Ozonized Oils.* By THEOPHILUS THOMPSON, M.D.

Abstracts of these three papers were published in the October number of this journal, for 1859.

XXI. *On the Connection between the Heat of the Body and the Excreted Amounts of Urea, Chloride of Sodium, and Urinary Water, during a Fit of Ague.* By SIDNEY RINGER.

This communication is one of considerable length, extending over forty pages; its study, however, is greatly facilitated by twelve charts or diagrams, by which it is accompanied. The cases of ague observed were two in number, one of the quotidian type, the other of the tertian. A case of hectic fever in phthisis is also narrated; in this the phenomena were found to be identical with those presented by malarial ague. In conducting his observations, Mr. Ringer appears to have exercised the greatest care, and to have spared no pains to make them not only as accurate but as complete as possible. The urine was examined every hour during the day; and the temperature in the axilla was noted every quarter of an hour, as also was the frequency of the pulse. In one case these observations were continued for six consecutive days, in the other for two. In the case of hectic fever in phthisis the observations for only one day are given.

The general results obtained from these investigations may be thus stated, in a few words; during the hot and cold stages of ague the increase of urea and of chloride of sodium was constant, and their amount was in very close relation to the temperature of the body. It might here be added, lest some be forgetful of the fact, that the temperature of the body rises before the commencement of a paroxysm of ague, continues to rise during the entire cold stage, and reaches its highest point during the hot stage.

"The increase in the amount of urea and of chloride of sodium during the cold and hot stages," says Mr. Ringer, "has been affirmed by Traute and Jockmann, Moos, Redenbacker, and Hammond."

The article of Dr. Hammond, published in the number of this journal for April, 1858, is referred to by Mr. Ringer, in a note at the foot of the page. In this article it is most clearly and distinctly stated that during an attack of intermittent fever the uric acid and phosphoric acid are very much increased in amount, *and the urea and chlorine greatly diminished.* As Mr. Ringer states that "Dr. Parkes has supplied the entire literature in the paper, and has kindly examined it with care," we must suppose that he had himself never read this article of Dr. Hammond, which he several times cites as showing the same general results as those obtained by himself. It should be considered quite reprehensible to make a mistake of this character; an author who is worthy of being cited at all, should be cited with perfect correctness—his opinions ought not to be grossly misstated.

The physician to whom Mr. Ringer intrusted the care of supplying the literature of the subject for his communication, has not referred to the researches of Prof. Joseph Jones, of Augusta, Ga.

XXII. *Case of Paralysis as to Voluntary Motor Powers of the Limbs on one side of the Body, attended by Hyperæsthesia as regards the Impressions of Pinching and Pricking on the corresponding side of the Face; being the Results of Compression of certain Lateral Parts of the Brain from an Intra-Cranial Aneurism: with Observations on "Induced" Cerebral Paralysis.* By John W. Ogle, M. D.

Experimental physiology has proved that all the will-conducting fibres passing down from the brain to the voluntary muscles of the body decussate each other at the anterior pyramids. Clinical observation too has shown that injury or disease of one side of the brain leads to paralysis of the opposite side of the body.

There are, however, certain instances on record where more or less interference with the power of movement or of sensation on one side of the body has been found, after death, to have been dependent upon organic lesion of parts within the cranium on the side corresponding to the paralysis. The case reported in this communication is one of these exceptional cases. A married woman, forty-three years of age, who had enjoyed tolerably good health, began to suffer with pain at the front and vertex of the head, along with dimness of sight, and pain referred to the back of the eyes. This condition of things became worse, and at the end of about two years she became subject to epileptic seizures; in the course of another year the loss of sight was complete; the senses of smell and taste on the left side were impaired; there was partial loss of muscular power on the left side of the body; contractile hyperæsthesia of the skin of the left side of the face and head; and she finally died in a violent fit of epilepsy, about eight years after the first appearance of any cerebral affection. After death, an aneurism of the anterior cerebellar artery on the left side was found, compressing the left crus cerebelli, and the contiguous portions, to a slight degree, of the pons Varolii, cerebellum, and apparent root of the fifth nerve.

Brown-Séquard, who has collected fourteen cases similar to this of Dr. Ogle, where a tumour existing between the inferior surface of the middle cerebellar peduncle and the petrous portion of the temporal bone, produced an incomplete paralysis of motor power on the corresponding side of the body, explains the paralysis as one of an "irritative" character, and caused by an excess of action. Dr. Ogle accepts this hypothesis of M. Brown-Séquard, but prefers the term "induced cerebral" paralysis, to those of "reflected," or "sympathetic," or "active," or "immediate," made use of by that celebrated physiologist. It is supposed that in these cases the irritative action is carried, by the intervention of commissural fibres, from a given point to another part of the brain, and there induces a repressive or inhibitory action of some kind or other of motor nerve fibres. The papers of M. Brown-Séquard on this subject are contained in the third and fourth numbers of his *Journal de Physiologie*, for 1858; they are entitled "*Recherches sur la Physiologie et la Pathologie de la Protubérance Annulaire.*"

This communication is accompanied by a plate, representing the aneurism and the parts about the base of the brain.

XXIII. *The Sequel of a Case (published in Volume XLI. of the Transactions of the Royal Medical and Chirurgical Society) of Lithotrity, in which a Communication existed between the Bladder and Intestine.* By CHARLES HAWKINS.

The last volume of *Transactions*, an abstract of whose contents was published in the number of this journal for July, 1859, contained a communication (the XIXth), giving an account of a case, in which a communication existed between the bladder and intestine, where a calculus had formed in the bladder, which Mr. Hawkins had removed by lithotrity. The present communication gives an account of what was found at the post-mortem examination. The patient, it may be stated, continued to pass fecal matter occasionally with his urine, but exhibited no symptoms of stone before his death, which occurred from a giving way of his general health.

An opening, of the diameter of a goose-quill, was found at the lower part of the posterior wall of the bladder, which was here intimately united to that part of the circumference of the sigmoid flexure of the colon that lies nearest to it. The aperture in the bladder communicated with the sigmoid flexure opposite their point of union. Below the communication between the bladder and colon, the canal of the intestine was greatly constricted, to the extent of an inch and a half in length, admitting a tube through it of the size of the little finger. This stricture appeared to depend upon great condensation and subsequent cicatrization of the submucous and muscular tissues at that point. The bladder itself was healthy, and did not contain any calculous matter.

XXIV. *A Case of Vesical Calculus of unusual size removed by the Recto-vesical Operation.* By GEORGE SOUTHAM.

The patient whose case is related in this communication, was a young man, twenty-one years of age, who had laboured under symptoms of stone for sixteen years. He was emaciated almost to a skeleton, unable to leave his bed, and suffered from a constant desire to empty the bladder. The urine was ammoniacal even within the bladder, and a very considerable quantity of albumen was precipitated by boiling and the addition of nitric acid. As the microscope, however, showed no casts of uriniferous tubes, nor any reliable indications of renal epithelium, it was very properly concluded that this albumen was simply deposited from the liquor puris, and the small quantity of blood always present, in the urine. By the aid of nutritious diet and the moderate use of wine, together with bicarbonate of potash, infusion of buchu, opium, and hyoscyamus, a considerable improvement in the condition of the patient was effected in the course of about three months, when it was decided to operate.

Chloroform was administered, and the patient was secured as for the lateral operation. About half a teacupful of warm water, which was as much as the bladder could hold, was injected. A scalpel guarded by the finger, was then introduced into the rectum, and the sphincter and lower part of the anus divided in the direction of the raphe. The staff was now felt for, and the urethra having been opened anteriorly to the prostatic portion, the scalpel was pushed forward along the groove towards the bladder. The finger having been carried into the bladder and the stone felt, the staff was withdrawn. As was suspected, the calculus proved to be of large dimensions. Accordingly the wound in the prostate was enlarged on its urethral surface, with a probe-pointed hernia knife. By means of the finger the rest of the prostate and neck of the bladder were sufficiently dilated to admit of a pair of forceps. The blades of the forceps had to be introduced separately in order to grasp the stone, which was thus extracted.

The calculus had a rough, uneven surface, irregularly oval, and measured eight inches in circumference in one direction, and seven in the other, having a diameter of two and a quarter inches, and being three and a third inches long. It weighed four ounces six drachms and twenty-five grains. A section showed it to consist principally of triple and earthy phosphates, in which was imbedded at one extremity, a small, round, alternating calculus, about three-quarters of an inch in diameter, consisting of lithic acid and oxalate of lime.

The patient made an excellent recovery; at the end of four months all signs of any fistulous communication between the rectum and the bladder ceased to make their appearance, and he was soon afterwards discharged, cured.

In some remarks appended to the history of this case, Mr. Southam enters into some consideration of the respective advantages of the various modes of cutting for stone. We do not find anything in them, however, that calls for particular mention. The operation performed by him in this instance, would be more appropriately called *recto-urethral*, than *recto-vesical*, as he states himself at the close of his remarks.

XXV. *On Different Forms of Primary Syphilitic Inoculation.* By HENRY LEE.

In this communication Mr. Lee gives the history of five very interesting cases of syphilis, in which inoculation was practised.

In the primary infecting sore, according to Mr. Lee, the secretion contains no pus, it consists of epithelial débris, mixed, perhaps, with globes of different shapes and sizes, which are readily distinguished from pus-globules by the action of acetic acid. This secretion when introduced under the skin of the patient from whom it comes, produces no effect. When from irritation the sore becomes inflamed, inoculation sometimes may take place, but it is not easily performed, and the results are very different from those which follow the inoculation of the secretion from naturally suppurating sores. In the latter cases each puncture produces a pustule, which, by repeated inoculation, will produce its like a great number of times. In the former, the inoculation, as a rule, fails, and succeeds only under circumstances of accidental irritation. It then can be repeated a very limited number of times, and the results obtained, even by a number of punctures in one situation are comparatively of a trifling description. There is, however, as Mr. Lee says, reason to believe that these same inoculations, if practised upon a patient whose system was not already affected with syphilis, would give rise to well-developed primary infecting sores.

There are a number of other points in regard to the secretion from syphilitic sores, indicated by Mr. Lee in this communication, which is altogether one well worthy of an attentive perusal by those interested in the study of venereal affections.

Two beautifully-executed coloured plates illustrate this communication.

W. F. A.

ART. XXVI.—*On the Diseases and Injuries of the Joints.—Clinical and Pathological Observations.* By THOMAS BRYANT, F. R. C. S., Assistant Surgeon, Surgical Registrar, and Lecturer upon Operative Surgery, at Guy's Hospital. London: Jno. Churchill, 1859, 8vo. pp. 273.

IN the volume before us, Mr. Bryant has presented his readers with a concise and intelligible description of the various affections of the joints. The treatise is one which has been long needed; for despite the attention which has been devoted to articular diseases, and the numerous observations and lectures which from time to time have appeared, there has always existed a certain amount of confusion, not only in the diagnosis of these complaints, but also in the description of the pathological changes of the parts. The investigations of Sir Benjamin Brodie have already done much to clear away this obscurity, and we are now glad to find that the researches of Mr. Bryant have been conducted in that spirit of philosophical investigation which cannot fail to be productive of useful results.

In the examination of the diseases of the joints, the plan adopted by the author is a sufficiently simple one. He has in the first place considered each articular affection separately, and noted the changes which have been produced